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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/065,658	
	<b>Filing Date</b>	11/07/2002	
	<b>First Named Inventor</b>	Ching-San Wu	
	<b>Group Art Unit</b>	2817	
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>	12	<b>Attorney Docket Number</b>	MTKP0026USA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): A copy of Notice to file corrected application papers
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	WINSTON HSU
Signature	<i>Winston Hsu</i>
Date	12/3/2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
Typed or printed name			
Signatur		Date	

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PTO/SB/17 (10-01)  
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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

## Complete if Known

Application Number	10/065,658
Filing Date	11/07/2002
First Named Inventor	Ching-San Wu
Examiner Name	
Group Art Unit	2817
Attorney Docket No.	MTKP0026USA

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 50-0801  
Deposit Account Name: North America International Patent Office

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370			Utility filing fee	
106	330	206	165			Design filing fee	
107	510	207	255			Plant filing fee	
108	740	208	370			Reissue filing fee	
114	160	214	80			Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9			Claims in excess of 20
102	84	202	42			Independent claims in excess of 3
104	280	204	140			Multiple dependent claim, if not paid
109	84	209	42			** Reissue independent claims over original patent
110	18	210	9			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for ex parte reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	400	216	200			Extension for reply within second month	
117	920	217	460			Extension for reply within third month	
118	1,440	218	720			Extension for reply within fourth month	
128	1,960	228	980			Extension for reply within fifth month	
119	320	219	160			Notice of Appeal	
120	320	220	160			Filing a brief in support of an appeal	
121	280	221	140			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,280	241	640			Petition to revive - unintentional	
142	1,280	242	640			Utility issue fee (or reissue)	
143	460	243	230			Design issue fee	
144	620	244	310			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Processing fee under 37 CFR 1.17(q)	
126	180	126	180			Submission of Information Disclosure Stmt	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	740	246	370			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370			For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

## SUBMITTED BY

Name (Print/Type)	WINSTON HSU	Registration No. (Attorney/Agent)	41,526	Complete (if applicable)	
Signature		Telephone	886-2-8923-7350	Date	12/3/2002

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